| MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET | | | | | | APPLICANT(| 0 | 611 | 308 | 107 | -102/ | <u>03</u> |
|--|--------------|--|-------------------|------------------------|-------------|-------------------------|----------|--------------|--|--------------|--------------|---|
| | | FEE C | | APECANIC | <u>.</u> | | | | | | | |
| | AS FILED | | AFTER 18T | AFTER 2HD AMENDMENT | CLAIMS | T | i i i | | | | | |
| | RKD. | DEP | IND DEP | IND DEP | 1 | | #ND | DEP | MD | DEP | ₩D | DEP |
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| 5 | | | | |] | 55 | | | | 1 | | |
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| TAL (HD | 3 | | | | | TOTAL IND. | | f | | 1 | 1 | 6 |
| TAL | | - | € ic>min (| | 1 | TOTAL | 1 | Grant and | | | | DATE OF THE PARTY |
| ≥. ΤΧΙ | <u> </u> | | 1 | | | DEP. | ļ | | | | | |
| TOTAL DEP. TOTAL CLAIMS | 18 | (m-m) | Giranie (| -at as assessed | * | DEP. TOTAL CLAIMS | | Concessor F | - | STATE F | - | |